

Supplementary File S1: Assessment of provider perceptions of patients' experience with and barriers to telehealth.

Provider Name: _____

Patient Name: _____

1. Do you think this patient would benefit from receiving a device as part of this grant?

- ☐ Definitely benefit
- ☐ May benefit
- ☐ Will not benefit

2. What language are visits conducted in?

- ☐ English
- ☐ Spanish
- ☐ Other

3. Have you conducted video visits with this patient before?

- ☐ Yes
- ☐ No

If "Yes" to Q3:

3.1 Which medium(s) did you use to conduct video visits with this patient? Please select all that apply.

- ☐ MyChart
- ☐ FaceTime
- ☐ Other
- ☐ Don't Know

3.2 Did the patient require assistance from a caregiver?

- ☐ Yes
- ☐ No
- ☐ Don't Know

3.3 Who assisted the patient with the video visit? Please select all that apply.

- ☐ Family member
- ☐ Home health aide/attendant
- ☐ Other: _____

3.4 Any other comments? _____

END SURVEY

4. Do you think this patient would be able to interact effectively with you via video?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If "No" to Q4:

4.1 Why do you think this patient cannot interact effectively over video?

4.2 Any other comments? _____

END SURVEY

5. Can this patient complete a video visit without assistance?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If "No" or "Don't Know" to Q5:

5.1 Is someone consistently available to assist them with a video visit?

- ☐ Yes
- ☐ No
- ☐ Don't Know

5.2 Who would be able to assist the patient?

- ☐ Family member
- ☐ Home health aide/attendant
- ☐ Other: _____

5.3 Any other comments? _____

If “No” to Q5 AND Q5.1, END SURVEY

6. Is there sufficient wifi or other internet connectivity in the patient's home to conduct a video visit?

- ☐ Yes
- ☐ No
- ☐ Don't Know

7. Does the patient/caregiver have challenges paying cellular plan costs that may inhibit use?

- ☐ Yes
- ☐ No
- ☐ Don't Know

8. Does the patient have access to a computer or device with video capability?

- ☐ Yes
- ☐ No
- ☐ Don't Know

9. Do you think the patient/caregiver would be willing to try participating in a video visit if we supplied them with a new device?

- ☐ Yes
- ☐ No
- ☐ Don't Know

10. Do you think this patient would benefit from having BP or pulse ox available?

- ☐ Yes
- ☐ No
- ☐ Don't Know

11. Is there anything else we should know to help determine the appropriateness of video visits with this patient?
